POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	3/4		08+54-01
O.I.P.E. CLASSIFIER	19~	32	12/20
FORMALITY REVIEW	111	917	08-18-01
RESPONSE FORMALITY REVIEW			10-01

## **INDEX OF CLAIMS**

•	Rejected	Ν.	Non-elected
	Allowed	Ι.	Interference
_	(Through numeral) Canceled	Α.	Appeal
÷	Restricted	0.	Objected

•	÷	Nestricted	0	Objected
Claim	Date	Claim Dat	e	Claim Date
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34 35 36 37		84		134 135 136 137
38 39 40 41		90 91		138 139 140 141
42 43 44 45 46		92 93 94 95 95 95 95 95 95 95 95 95 95 95 95 95		142 143 144 145
45 (47) 48 49 50		96 97 98 99 100		146 147 148
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If more than 150 claims or 10 actions staple additional sheet here

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